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Treatment of Contagious Diseases

Dealing More Especially with Scarlet Fever and Diphtheria

(Grace M. Fairley)

Taking the various infectious fevers as a whole, the essential part of treatment is the prevention of complications; therefore it is necessary for the nurse to know what the complications peculiar to each disease are, these being many and varying in severity. The main factors in the treatment of all contagious diseases are:

Sunshine, fresh air, soap and water, and careful nursing.

Serum Therapy has had little success—at least with us at the Alexandra Hospital.

Antistreptococcic Serum has been used in scarlet fever and erysipelas —has been given a good trial and found wanting.

In the case of diphtheria, it is different, the results have been wonderful.

Hydrotherapy is essential and universal in the treatment of all contagious diseases.

Local treatment I shall deal with later.

The word "fever" denotes rise of temperature, but the course of the fever has certain characteristics in different diseases. The infectious fevers are spoken of as specific, because the germ or bacillus from any one will only produce the disease from which it sprang. There are a few terms used with reference to these fevers. We speak of: "Susceptibility or Immunity. Susceptibility is being disposed to contract a disease. Immunity may either be natural or acquired. Natural immunity is a condition enjoyed by many—that is being exposed to the disease but not being susceptible. Acquired immunity is the protection of having had the disease, rendering one immune from a second attack.

Epidemic and Endemic also relating to infection. Epidemic means a spreading over (from the Gr. epi upon and demos the people) infection carried from one to the other until a whole community is infected.

Endemic, from the same origin (en among, and demos the people) a term applied to such diseases as typhoid fever in sporadic form, where we get a few isolated cases now and then, the germ being always present.

Each fever has its different incubation period, acute stage and complications, the infection from each spreading in a different way. In scarlet fever and diphtheria, it is inhaled, and in typhoid fever, swallowed. After the entrance of infection into the body, a period of time elapses in which no symptoms of illness appear. This is called the Incubation period. That is the time between contact with the disease and first symptom of illness. The invasion or onset of disease is when the patient begins to feel ill.

Scarlet Fever

Unlike typhoid fever and diphtheria, the germ of scarlet fever is unknown. Several well known men have spent much time in search of it, but so far there is little or nothing known of it. It is only moderately contagious, that is shown by the fact that less than 50 per cent. of the children who are exposed to the disease, contract it. The incubation period is 3 to 10 or 12 days, but usually about 3 or 4, sometimes, though seldom, less.

The invasion is abrupt, commencing with headache, vomiting, sore throat and rise of temperature and pulse rate, as a rule the temperature being proportionate with the severity of the attack—usually rising to 102° or 103° in mild cases. The skin is dry and hot, pulse rapid, tongue coated, and the patient complains of general malaise. In about 24 hours after the first symptoms a profuse, bright, scarlet, punctate rash appears on the neck and chest, rapidly spreading over the trunk and limbs. The face becomes very flushed and sometimes, though *very rarely*, the rash may also be present on the face. In mild cases the rash is less profuse and not so bright, and it is these insidious cases that are oftentimes the cause of spreading the disease, as the doctor may not be called in till later, when all general symptoms have disappeared. The rash usually remains for three or four days, then gradually fades (the temperature falling at the same time) and as a rule it has disappeared by the end of the first week. While the rash is present, the fever remains high—slight delirium often being present at this period, the throat is inflamed and swollen, and the tongue presents the typical "strawberry" appearance peculiar to this disease. As soon as the rash fades and sometimes even earlier, peeling of the dead skin or desquamation begins, sometimes fine and powdery in character and sometimes in large strips. The hands and feet are usually most tedious.

The complications of scarlet fever are numerous, the most important being nephritis, and this may be looked for at any stage of the disease, therefore the necessity of daily testing of urine is imperative. Middle ear trouble, more or less severe, is not uncommon, and often ends in mastoid trouble, although it not infrequently subsides, sometimes after paracentesis.

Rheumatism, endocarditis and pneumonia are also fairly common, as also pleurisy with effusion and empyema. In epidemics it is noticeable that certain complications are frequent at one time, while others will be more evident during another.

The diet in scarlet fever is very rigid and, although certain practitioners may be a little more elastic in their views, undoubtedly the best results are shown where an absolutely milk only diet for at least three weeks is adhered to with copious drinks of cold water. After that, light diet of milk pudding, light soups may be given for a week or two, increasing gradually to fish, boiled chicken, etc., but avoiding all meats with safety for a couple of months. Even in advanced convalescence, if there is the slightest trace of albuminuria, the patient should be put back on milk diet and kept in bed until it is quite clear. The seat of infection is undoubtedly all discharges from nose, throat and ear, also from the bowels and kidneys, therefore it is wise to use soft rags in place of handkerchiefs, and burn them after use. The throat and mouth must be kept thoroughly clean by swabbing in the case of young children or delirious patients; but when possible at all, the patient should be made to gargle. This is undoubtedly more satisfactory and as soon as the patient is well enough, the teeth and gums should be brushed. Dobells solution, hydrogen peroxide, normal salt solution, are all good, and when the throat is very dirty, iron may be used, but only for a short time. Carelessness or inattention in this while the throat is dirty may involve the eustachian tubes and cause mastoiditis or thrombosis of the cerebral vessels. If there is ear trouble, especially where there is much pain and little or no discharge, watch for any sign of bulging. Ice bag to the head and an ice collar to the throat are also routine treatment and in a private house, the nurse can quite easily use an ice poultice made in G. T. tissue if she is unable to get the bag.

Diphtheria

Diphtheria, like the other contagious diseases, is caused by a specific organism, rod shaped, known as Klebs-Loeffler's Bacillus. Its more characteristic symptom is the appearance of membraneous deposit on the throat, nose and elsewhere. In addition to this, the bacilli manufacture a poison which is absorbed into the blood and causes the general symptoms of the disease. It is not considered highly infectious, although it can be carried from one person to another or transmitted by clothing. It is most prevalent and dangerous among young children, although adults are by no means exempt. The incubation period is short, usually under a week. The onset may be acute, but often is insidious and may be overlooked. The patient usually feels out of sorts, glands of neck are swollen and the throat and tonsils become reddened and on their surface are seen white dots or patches. These rapidly increase in size and in a few hours the whole of the tonsils may be covered with a sheet of membrane which soon spreads to the palate. It very soon alters in character, becoming thick and tough and of a yellow or dirty grey colour. If a piece of this membrane were torn off it would soon reform. Unless the patient receives immediate and appropriate treatment, the exudation in a severe case will rapidly spread in all directions—into the nasal cavities along the eustachian tubes to the ear, down the windpipe and lungs, giving rise to croup and pneumonia. As a rule the temperature is not

very high and very shortly becomes normal. Whether the temperature is high or not furnishes no indication of the extent of the disease.

A severe case presents a very distressing spectacle. The patient suffers intense discomfort. The throat and nose are so blocked with membrane that swallowing is difficult, breathing obstructed and from the nostrils a thin and sometimes blood-stained discharge constantly oozes. From the nose and throat there is a characteristic smell. A severe case of diphtheria sometimes assumes what is known as hemorrhagic type and the patient shows tendency to bleed from the nose and throat into the skin and internal organs. This type is unfortunately usually fatal, although not always. I have not time to more than touch on laryngeal diphtheria. This is most common in children from two to four years and is caused by the membrane spreading down the trachea. Sometimes, when the membrane is extensive and much swelling is present, the breathing becomes laboured, there is marked retraction and in order to save the patient's life it is necessary to insert a tube, the operation being known as intubation. If this does not give immediate relief, or if the membrane extends lower down the trachea, it may be necesary to perform tracheotomy. The latter treatment is seldom necessary as the result of intubation as a rule is successful, although great care and vigilance is necessary both while the tube is in, which may be any time from 24 hours to a week, and also after it is removed, as it is sometimes necessary to re-introduce it. It is when the membrane loosens up and causes the patient to cough, that the tube may become blocked, and the patient may suddenly collapse. The complications of diphtheria are toxic myocarditis, and paralysis—these are the most serious and important and have to be looked for even in mild cases.

Nephritis and Broncho Pneumonia

The paralysis may be local or general, a common form being that of the soft palate, rendering swallowing difficult—sometimes necessitating nasal or rectal feeding and also affecting the speech. The slightest symptom of vomiting should always be reported as this is often the onset of paralysis.

The pulse must be carefully watched, especially in early convalescence, and in the event of any irregularity, the patient should immediately be put back to bed—all sudden movements must be avoided.

Treatment

At the earliest possible stage of the disease, the patient should have anti-diphtheria serum. This is given in all cases whether mild or severe. The dose is gauged by the severity of the attack, 8,000 to 10,000 units being usually given, and in milder cases sometimes less, and 15,000 in the more severe cases. It would be impossible to exaggerate the value of anti-diphtheretic serum. It speaks for itself when one knows that since its use some twenty-four years ago, the mortality has fallen from 35 per cent. to as low as 5 per cent. or 8 per cent. in bad epidemics. At the Alexandra Hospital, Montreal, we never give a smaller dose than

2,000 units, and that only as a prophylactic measure. We do not consider it advisable to give a prophylactic dose to any members of the nursing staff. It is only given when the clinical signs of diphtheria are present, or where there is any doubt, the reason being that, unlike patients, the nurses remain in the infected atmosphere after the effect of the serum has pased, and, in the event of them actually contracting diphtheria at a later date, would be more likely to suffer from serum-sickness. The patient is usually kept in bed from two to three weeks, according to the severity of the attack, and, for at least ten days of the time should be flat in bed without a pillow. If and when the general condition improves, a small pillow may be allowed, gradually increasing to a second and then the patient may be allowed to sit up in bed, if the pulse is quite regular. The diet should be light; milk only for four or five days, then if the kidneys are clear, milk pudding, bread and butter, and later fish and chicken may be allowed.

Care in the cleanliness of the throat, ventilation of the room, are important factors in the nursing of diphtheria.

Measles

Measles, with the exception of excluding sun and light as much as possible, is nursed much as scarlet fever, only a more liberal diet is allowed. It is the complications of measles that are serious rather than the disease. All chest conditions, especially in young children, have to be guarded against, therefore the patient must be kept warm and comfortable. Measles is highly infectious, rarely missing a child who has not already had it when an epidemic occurs.

Infantile Paralysis

Of Infantile Paralysis there is not much to say. There is still little known of it and the cases where death occurred suddenly were where the paralysis was extensive and usually affected the diaphragm. Where only limbs are affected, there is usually improvement more or less after the acute symptoms subside, and later local treatment, passive movements, is being tried. Massage, for the time being at least, is thought inadvisable.

If there is anything I could say that would impress on you the importance of all nurses having some experience in this branch of nursing, I would gladly add it. It is so evident from the large percentage of graduate nurses who have absolutely no experience in this work, that it must be made compulsory, if the public is to have the best and essential care in such diseases as I have been describing, which to every thinking person is as important as in the case of acute surgical or non-infectious medical work. To my mind a nurse's training is incomplete without it, and I feel sure that not until it forms part of the curriculum of all general hospitals, or that some plan of affiliation takes place, can we hope to have this remedied.

Shell Shock

(By M. S. MacInnes, R. N., 1896)

I joined the Territorial Force Nursing Service on my arrival in England and in October was called up for duty in the Neurological Extension of the Fourth London General Hospital.

This extension includes the Grove Lane School Hospital opened July 1915, and the Mandsley Hospital opened February, 1916. The Mandsley building, just completed, is loaned to the government for the use of neurological patients. It is the property of the London County Council, through the gift of Sir Henry Mandsley, and is to be equivalent in London to the Phipps Psychiatric Clinic in Baltimore. Major F. W. Mott, M.D., is in charge. There are six wards, each with a capacity of 27 beds, a small number for war time. A Sister, two trained nurses, two probationers and two orderlies, make up the day staff in each ward. The work is full of interest—crowded with opportunity for good care, good cheer, understanding, and for the right word—if one has the wit to find it—at the right moment.

It is of the patients themselves I think that you would most like to hear. Such human natural beings; middle-aged and young—terribly young; I have a lad now eighteen, who went to Gallipoli a year ago. Old soldiers and new—regulars, "Kitchener's" and "Colonials," farmers, actors, miners, teachers—"all sorts and conditions of men" caught together in the mælstrom of war. In the early days of the conflict, it became apparent that some special provision must be made for these men, who without wound or visible injury, were yet showing symptoms of grave disorders. Many hospitals and wards came into being in response to this need, and during the past twenty months there has passed through them a constant stream of patients, tragic witnesses to the dire results of modern warfare with its trench life, high explosives and its unprecedented strain on mind and body. At first these cases were practically all diagnosed as "neurasthenia," but later the term "shell shock" came to be applied to those showing certain characteristic conditions. To quote Major Mott, "The varying groups of signs and symptoms, indicative of loss of functions of the central nervous system, arising from exposure to forces generated by the detonation of high explosives, are classed under the term shell shock. In just what way these forces act and produce the disorder, is still a matter of discussion. Major Mott feels that, in addition to their shattering moral effect, they may also cause definite physical injury to the central nervous system, and that certain chemical and pathological changes may result from the inhalation of the noxious gases. Another neurologist regards the real causative agent as a "conscious realization of the sensory symptoms of the shock. Were the shock sufficient to produce immediate unconsciousness, not this train of symptoms would follow, but an altogether different one, as is seen when the shock is accompanied by a severe wound." It is generally conceded that, if the

explosion is of sufficient severity, shell shock may be produced even in a previously healthy individual, the mental shock being greatest in those who are most wrought at the moment of the explosion. It seems evident, however, that an inborn or inherited neurotic disposition is the probably vital factor in promoting and fixing these functional disorders, and that in most cases the shock must be measured, not in terms of the trauma, but of the sensitiveness of the individual. These men have been subjected to a strain for which, it may be said, that nothing in their previous experience had prepared them. Trench life, loss of sleep, hours of watching and responsibility, long stretches of inactivity under bombardment, the bursting of shells with the resulting carnage and destruction, the loss of comrades, the mad excitement of attack and counter attack, the imminence of a violent death! Some there are who go through it all without loss of self-control, others break almost at once, and still others, confessing to themselves stark fear and horror, loathing the situation and with a sickening sense of their own failing powers, hold yet by a supreme effort of will to their responsibilities until some special shock, trivial perhaps in itself, breaks finally the strained resistance. One cannot write of what these men endure. On arrival at the hospital in England, the patients may show only comparatively mild neurasthenic symptoms or they may be visibly shaken in nerve, jumpy, emotional; they may be unable to walk because of extreme tremor of the limbs; they may be hemiplegic or paraplegic; a few are blind; many are deaf, mute or stuttering; all are subject to terrifying dreams, memory and concentration are impaired, confidence and decision are for the moment lost.

The tremors constitute a serious disability, they may cause a constant lateral movement of the head or an extreme trembling of the body or of the extremities. They are constant in the waking hours, absent in sleep, are rhythmical, slow to disappear and show a distressing tendency to recur upon the smallest excitement. "A true functional tremor, as opposed to a malingerer's tremor, is not altered in its rhythm by taking away the patient's attention, that is for instance, by making him count slowly or quickly." Memory is subject to marked disturbances, in severe cases this may amount to a loss of consciousness except for the immediate present. As a rule the patient can give a clear history up to the moment of the shock, even to the describing of the particular kind of explosive, the flash and the sound. The subsequent events, however, are often extremely difficult to recall. We have one patient who has a clear cut amnesia for the period from January 20, when the parapet of the trench was blown in, to March 1. At this time he was unable to walk, talked very little and when he did so, spoke of himself in the third person like a child, as, "Me get up"; "Me stay in bed." He could feed himself and could make known his physical wants, but could give no account of himself. During the night of March 6 he suddenly awakened to a consciousness of his surroundings and a complete recollection of events up to January 20. He was amazed to hear how long he had been ill and immediately dictated a letter to his people, explaining his

long silence. He is apparently quite well now, but is still unable to remember anything of the lost weeks.

Music frequently supplies the stimulus that awakens memory, as it does also in overcoming mutism. A patient who has been dumb for a longer or shorter period will suddenly, to his own surprise and that of his companions, find himself joining in a familiar chorus. Mutism is a most distressing condition. "It is due to emotional shock and is a psychic trauma of hysterical nature." It is most frequently broken down by a sudden emotional disturbance in many cases trivial but attended with surprise, taking attention off its guard. These patients can make no voluntary sound; cannot laugh or cough; they sometimes call out in their sleep. Hypnotism has been successfully employed with many. One of our patients from Gallipoli has just recovered his speech and hearing after having been deaf and dumb for seven months. He was admitted to Mandsley February 12. He was extremely nervous, hypersensitive to touch, subject to great variation of mood and to terrifying dreams. Every night he would in pantomime go through a certain past experience, would bayonet the enemy, and receive a thrust in his own arm, would signal his men, lead a charge and finally, leaning far over the bed, first on one side and then on the other, seek out those who had fallen. During this performance he never made a sound, until the night when an over-vigorous thrust of the bayonet carried him out of bed onto the floor. He then called out in a loud voice and afterwards continued to talk, narrating slowly and distinctly experiences in Gallipoli. He was deeply unconscious, his eyes fixed and staring, his body almost rigid. He responded to no tests, but after half an hour relaxed and seemed to sleep. Shortly he opened his eyes and in reply to the question, "Can you hear me?" he answered, "Yes, Sister," and burst into tears. This patient had been hypnotized on several occasions, but without apparent effect. A few days before his speech returned, he had begun to whisper a few words. He is doing very well, though, unhappily, he is not without fear that he may again lose his recovered faculties, and last night when the hospital was suddenly plunged into darkness, because of the believed nearness of Zeppelins, he fell into a panic, declaring that with the first bomb he would become deaf and dumb again. Fortunately the raid did not occur, at least not in the neighborhood of the hospital.

Terrifying dreams are almost an invariable feature and prove how powerful an influence the psychic trauma is exercising on the mind. In unusually severe cases, the mind cannot even in the waking state, rid itself of the horrors experienced, so that hallucinations may be provoked. One such patient, a young captain 24 years old, was brought in suffering from an acute attack of motor delirium. His experience had been terrible. He had come back from an attack, one of 17 out of 1300. He moved continually about the bed, passing his hand back and forth before his eyes, moaning and talking of what had occurred. He would answer questions quietly and rationally, but would immediately return to the compelling scenes. His improvement was rapid though he showed

a tendency to relapse at any excitement. He is one of the many who should never have gone to the front. His history shows a prolonged attack of chorea when a child; as he said, "One could not tell a medical officer that, it would have looked as if I did not want to go!"

As to treatment, psychotheraphy, psychoanalysis, and hypnotism, all have their upholders. According to Major Mott, "The prime essential is an atmosphere of cure," together with good food, complete rest for those who need it, plenty of diversion for those who can bear it, and freedom from responsibility. Happily there is a strong tendency toward recovery. It is such a joy to see them change. They come in tremulous and undone, but presently they begin to say, "I feel better in myself" and shortly their extraordinary cheerfulness is in process of re-establishment. Cases there are, alas, many which do not run this satisfactory course, patients innumerable whose recovery will never be complete. In many of these men, often the most sensitive and the most conscientious, there exists a painful self-criticism. To bring this to frank discussion is often to rehabilitate and to cure.

Another condition even more difficult to deal with, is the perfectly natural dread of a return to the scenes of horror. It is certain that no man who has seriously broken under fire should ever be subjected to it again, but it is unhappily true that most of the patients at some time or other are likely to be returned to the front. It ties one's hands and wrings one's heart not to be able to remove this dread.

I have written at great length, but how inadequately. No more than of the vast immeasurable tragedy of the battle fields, can one realize the individual struggle to meet the unimagined demands or grasp the moment's poignancy and power.

London, England, April 9, 1916.

— *Johns Hopkins Nurses' Alumnae Magazine.*

FIRST AID

She took a course of first aid to the injured, and, after long and anxious waiting, the street accident she had earnestly wished for took place.

It was a bicycle accident; the man had broken his leg. She confiscated the walking stick of a passerby, and broke it in three pieces for splints; she blushingly took off her underskirt for bandages, and she was enthusiastically cheered by the crowd. When all was completed she summoned a cab and took her patient to the hospital.

"Who bandaged this limb so creditably?" inquired the surgeon.

"I did," she blushingly replied.

"Well, it is most beautifully done," said the surgeon, "but you have, I see, made one little mistake."

She felt terribly self-conscious.

"You have bandaged the wrong leg," he said quietly.—Saturday Journal.

On The Salt Pack Treatment of Infected Gunshot Wounds

("Una" Nursing Journal)

Dr. J. E. H. Roberts, B. S., F. R. C. S., and Dr. R. S. S. Statham, M. R. C. S., Temporary Captains in the R. A. M. C., contribute to the "British Medical Journal" a most interesting article on the above subject, in the course of which they say:

The method of dressing wounds with a firm pack of gauze and sodium chloride tablets, devised by Colonel H. M. W. Gray, C. B., combined with a preliminary free excision of the wound and lacerated and infected tissues, has in our hands given results which have effected revolutionary changes in our methods of treatment. During the last twelve months it has gradually supplanted other methods of treatment, until now we employ it in the majority of cases. At first we regarded it with suspicion and used it but half-heartedly; finding, however, that wounds dressed in this way became clean at least as speedily as those dressed by other methods, and that the general condition of the patients improved owing to undisturbed sleep, increase of appetite, and absence of mental apprehension of frequent painful dressings, we ended by becoming complete converts to the method.

The operative details in connection with a wound naturally vary with the site, nature, and degree of infection of the wound.

After describing the surgical technique employed, the writers say:

With the exception of iodine for the skin, we do not apply any antiseptic to the wound.

The wound having been thus prepared, the salt pack is applied in the following manner. A piece of plain gauze, four to six layers thick, is lightly wrung out of 5 per cent. salt solution and carefully laid in the wound so that it is in contact with the whole of the surface. Care should be taken that this sheet of gauze is sufficiently large to cover the whole surface of the wound. If several smaller overlapping pieces are used, small spaces in which pus collects form at the lines of junctions, and there is also great danger of the pieces being displaced when the rest of the packing is inserted, thus leaving bare surfaces. When the wound is a deep one, the gauze lining is carefully carried down by the fingers within it to the deepest recesses of the wound. No spaces should be left, as they rapidly fill up with pus. A few 40 grains tablets of salt are now placed in the deepest part of the wound, or, if the wound is flat, placed on the surface of the gauze about an inch apart. The interior of the gauze-lined wound is now firmly packed, somewhat in the manner of the old-fashioned petticoated tube, with a roll or long strip of gauze moistened in the same way. This strip is carried alternately from one end of the wound to the other, and numerous tablets of salt are laid between the successive layers. A handful of tablets should not be thrust in all together,

as when they dissolve a cavity is formed. For a wound 4 inches long, by 3 inches deep, ten to twenty tablets would be used. When the pack becomes flush with the skin surface a few more layers of gauze are applied, and over that a thick wool dressing, composed of at least three layers, completely encircling the limb. The whole is then firmly bandaged, so that the surface of the wound is kept in intimate contact with the pack, and all spaces which tend to form are obliterated. Really firm pressure should be used both in applying the pack and in bandaging. The elasticity of the thick wool dressing distributes the pressure and effectually prevents anæmia of the wound surface and congestion of the limb below.

Where a compound fracture is present, it is not usually possible to avoid leaving spaces between and around the fragments of bone, and therefore, in such cases, after placing the lining sheet of gauze, a large rubber tube is introduced down to the fracture, and the remainder of the gauze and tablets packed around it. This serves to prevent the tracking of pus along the bone. A hole cut in the lining gauze allows any discharge to gain free access to the tube. . . .

After dressing, morphine tartrate grain ¼ is usually given, as most patients complain of pain for a few hours. In many cases, however, the pain is quite slight, and no analgesic is necessary. In the few cases in which pain has persisted, exposed sensory nerve endings have been discovered, and these may be cut short under novocain. Successive dressings become less painful, and after the second an analgesic is usually unnecessary. A rise of temperature and increase of pulse-rate usually follows the manipulations, but unless these persist after twelve to twenty-four hours, no apprehension need be felt.

In the behaviour of the temperature and pulse the cases fall into three main classes. In the larger number the temperature and pulse-rate fall to normal on the second day, and remain so, except for temporary slight rises following the first dressings.

In another class the pulse-rate comes down at once, but the temperature comes down by lysis, taking four or five days to reach the normal. In a comparatively small number of cases, although the pulse-rate remains below 90, the evening rise of temperature may persist for one or two weeks, although the wounds when dressed appear clean and free from retained pus.

The pulse-rate and general condition of the patient is a much better index of the well-being of the wound than the temperature.

After a few days the outer dressings may acquire a very offensive odor. This is due to decomposition in the dressings themselves, and if they are removed the wound is found to be perfectly sweet. The outer dressings are more offensive than the inner. At one time we changed the outer dressings when they began to smell, leaving the packing in the wound untouched. The objection to this is that it is difficult to change the outer dressings without disturbing the deep pack. We then used various substances, such as Sanitas powder, potassium permanganate, and

cupad powder, thickly dusted on the dressing immediately beneath the outermost layer of gauze. All these diminish the odour. With Dakin's chloramine-T powder, which we are now using, all odour is practically abolished. Mixing chloramine-T tablets with the salt tablets in the deeper dressing was found to be unsatisfactory, as it did not prevent the smell.

Indications for Changing the Pack

Indications that the wound is not doing well, and that the pack must be changed, are:

(1) A continuously rising pulse-rate.

(2) Increasing œdema in the limb.

(3) Sudden onset of severe pain. This generally means spreading gas infection.

(4) A persistent rise of temperature for which no other cause can be found.

(5) A change for the worse in the patient's general condition in cases in which a raised temperature has persisted from the beginning.

(6) Oozing of pus from under the edge of the dressing. This is generally due either to the dressing having been left unchanged too long, or having been too loosely applied.

(7) The dressing must be re-applied when the pack has become loose from diminution in the circumference of the limb as œdema disappears.

Some Other Details

Where the innermost layer of gauze is found to be firmly adherent to the wound surface, it is not removed, but a new pack is supplied within it. If it is removed, bleeding is caused, the protective barrier is broken down, and a rise of temperature takes place.

When once the wound is granulating healthily it is not advisable to continue the salt pack, as the granulations become exuberant, pale and œdematous. If the wound cannot be closed, any of the simple dressings should be applied.

Occasionally a wound becomes sluggish, even during the separation of sloughs. A change from the salt pack to a dressing of gauze soaked in pure glycerine usually causes a rapid change for the better. Where a wound is not doing well with a salt pack, and a pure streptococcal infection is present, the use of a 1 per cent. salt solution as a wet dressing, continuous irrigation, or bath, will sometimes be found to effect an improvement.

Conclusions

The salt pack has given very good results with flush amputations and in excised joints. It appears to be of great value in field ambulances and clearing stations, as in times of stress it may be impossible to renew dressings for two or three days. Those cases we have received from clearing stations in which the treatment has been thoroughly carried out have arrived in excellent condition, and contrast very favorably with those

treated by other methods. Cases treated by eusol irrigation, however clean they may be when leaving the clearing station, often have their wounds in an unsatisfactory state on arrival at the base twenty-four hours later.

Our advocacy of this method of treating wounds is based entirely on our clinical experience, and we do not in this place advance any theories to explain its action. It is based originally on the well-known work of Sir Almroth Wright.

Our Nursing Journal

(Jessie Leitch)

I have read Miss Johns' article in the September "Canadian Nurse" with much interest, and I am wondering over here in England if she realizes the amount of stimulus these words contained, as they flowed from her pen!

Of course we must keep our journal! Keep it, and work for it until we have made it one of the powers of the professional press. There is such a splendid opportunity to do things nowadays, when every woman in the world is doing her "bit." And how better can we substantiate our claim upon universal recognition than through our own journal, the mouthpiece of a national association, by frank and friendly discussions of ways and means, and by the interchange of kindly, whole-hearted criticisms? Curiously enough, we shrink from giving for publication the very thoughts we most readily exchange by word of mouth. And this because as Miss Johns says, we hesitate "about appearing in print." Yet we welcome every one else in print! And I venture to add that never once has "The Canadian Nurse" appeared in print without causing a pleasant thrill of anticipation in our hearts; and at home and abroad (especially abroad) we have been rightly proud of our little grey book. And we've been appreciative, too, forgetting, perhaps, that silence, even that of approval, is generally discouraging.

There isn't a reason in the world why our journal should not attain to the highest standard, for where is there more concentration of energy and enthusiasm, and more understanding, than in our own profession?

It was a high ideal Our Lady of the Lamp set for us, an ideal of womanliness that forever flickers on ahead, showing new phases and greater possibilities; and—while we are many—she went out alone, but her footsteps never faltered and the hand that held the lamp for us was always cool, and kind, and steady; and surely, since we are many and walk in the light, we can take up our heritage with willing hands. We can live up to the highest standards of true womanhood—we can share our ideals a little, instead of keeping them laid away in lavender.

Truly, we have been "copy" for the star reporter and the sob-sister; and the spot-light has never pierced the little aura of artifice they have been pleased to see around us. But aren't we just a little bit to blame? Instead of protesting with one voice because the *White Linen Nurse* was accepted by an unsuspecting public as a word picture of a "hospital nurse" we winced a little, but maintained a "professional calm." Why do we allow our superintendents to be eternally accused of being cold-faced and imperturbable, our sister nurses to have hearts of adamant, not to mention the women who calmly take possession of the patient, shut the weeping relatives out in the dark hall, prescribe tonics and things in a quick, incisive voice, and by their very presence reduce the household to sackcloth and ashes and the maids to sudden flight? How long must we listen to the dreary and familiar recital of the wrong doings of that poor, long-suffering shade—the "nurse who was here last?" The one who used all the clean sheets and towels, and put the cut-glass tumblers in the sink, who slapped the baby, or fed it brandy when it cried—and sat and read a book or talked to the doctor on the stairs?

Let us relegate this threadbare stock of press-phrases and false impressions to a cobwebby and obscure attic, and let us put ourselves, heart and soul, into the business of producing a journal that will reflect more truly what we really are—a journal that will have individuality—and understanding. And best of all, let it be Canadian through and through! Then, indeed, when as a national council the women of the world sit together, each bringing gifts, shall we not be proud of our contribution—our journal that is to be?

The Midwife Question

(Mary Ard MacKenzie)

There has been a good deal written and a good deal talked about the above question lately, but, unfortunately, it has been from such different view points that little headway has been made for or against a midwife scheme for Canada.

An opportunity should be given the people who know the conditions to express their opinions before steps are taken to have a legalized midwife scheme for the Dominion. To be sure, there are licensed midwives in Canada now, but very little is known about them, even in the parts where they are supposed to be practising.

Now, does Canada need midwives? When have other countries decided they needed them? When districts became so congested, especially the poorer districts, that doctors were not available, and when the women from foreign lands desired midwives, because they were accustomed to employing them in their own lands. *The midwives have never been found in any country to my knowledge in the sparsely settled parts. They*

herd in large cities, in congested districts, and start them where you will, they will gravitate to the populated centres.

In Canada, the need for doctors and nurses has not been felt in any of the cities, larger towns, or thickly populated districts (the present time, when so many of our doctors and nurses are overseas is no test, of course). In the sparsely settled districts there is a need. Can that need be filled with any degree of safety by midwives as we understand them? Graduate nurses are laboring in those places, they care for the maternity cases, they look after accident cases, pneumonia cases, sick children, and so on; they inspect the school children, they do educative work with the mothers and others, they make pre-natal visits which are filled with help and comfort for the expectant mother and they keep a supervision of the babies until they are at least a year old. I should like to have a movie of an Old Country midwife wrestling with a poor man, caught in his engine, three fractures, and the doctor twenty miles away, or with a pneumonia case, the doctor sixty miles away, or with a baby with croup.

Some time, when the war is over, and you need to be fed with horrors, go out and talk with people who have seen midwives at work, and you will get all you desire. No, may the day be very, very far distant when our fair land will decide she needs midwives!

But when it is found that something more is needed, let Canada evolve some scheme without midwives, or without the defects of all the midwives' schemes in existence at present.

The United States and Great Britain have had midwives. Prior to 1902, conditions were so terrible in Great Britain that rigid rules were made for the training—it is only a three months' training as yet—licensing and supervising of midwives. And in the United States, where midwives from other lands were practising without supervision, until a few years ago, conditions became so bad strict regulations had to be passed.

Canada must profit from all of this and should solve her problem much more quickly and much more efficiently than those countries who had very little to guide them in the way of mistakes of others.

Canada must prepare her own machinery, and, strange as it may seem to some of our zealous English Sisters, she is quite able to prepare it without assistance from outside. We in Canada know our country, we know our vast distances, we know our people, and it is *our* problem to solve it, it is *our* duty and *our* privilege to solve it in *our own* way.

In our sparsely settled districts, no one but the fully trained woman, the woman with experience, with practical knowledge of everything pertaining to the domestic side of our life in Canada, the woman imbued with the importance of her task and with a sincere faith in the future of the country districts, will solve the problem of providing nursing care in the isolated districts of Canada. Should midwives be brought over from the older countries in ship-loads, should we turn out hundreds of them in our own land, on the old pattern, the nursing problem in the

sparsely settled districts would still be unsolved, and you would find all those midwives settled in the more densely populated parts, where they would get regular work.

The above expresses the private opinions of the writer, as a Canadian citizen and as one who knows all the high-ways and by-ways of the great Dominion.

Dec. 19, 1916.

Notes on Special Work in a Field Ambulance

Canadian Medical Association Journal

(By Capt. Percy G. Bell, C. A. M. C.)

Any consideration of work of field ambulances in the present war demands an understanding of the varying conditions under which these units are obliged to work. The advent of the present system of trench warfare with fixed positions tends to transform mobile medical units into more fixed stations. Thus a field ambulance, less its advanced dressing station, is frequently doing work of clearing hospital nature. This is noticeable, for instance, in the case of the 1st Canadian Division, which from the time of its arrival in France was able generally to work its front with two field ambulances, leaving the third to act as a Divisional Rest Station, usually at a point four to six miles behind the line.

In open fighting the ambulance problem is rapid collection and evacuation, and in the present operations a third factor becomes relatively of increasing importance; that is to say, the saving of every possible man to the battalions.

The field ambulance should take on a sieve-like nature, reminiscent of the biblical eye of the needle, for all sick sent down by the regimental medical officers and that because, if a man becomes involved in the cogs of the lines of communication machinery, he is lost for a considerable time to his unit. The ambulance carrying on the Divisional Rest Station is able to return a number of such cases to duty, cases which are held if they are likely to be fit within ten days or so.

The rest station is generally situated in some fairly large building; a school house, convent, farm or factory, and here the unit carries on as efficiently as possible with the means at its command. The patients are of the class who have temporarily broken down under active service conditions, rheumatism, carious teeth, painful trench feet, "trench fever" —eye, ear, nose and throat conditions, and the like. Stretchers serving as beds, although not proverbially soft couches, may under the circumstances be relative luxuries. A bath house is essential also, and the establishment of this gives rise to the exercise of much ingenuity, especially

in villages where water may be scarce and the pump is guarded by a water detail with a diligence that outside of the war zone is not usually expended on such a fluid.

Gastro-intestinal cases we found to be benefited by the free use of pure bottled water which we were able at times to purchase locally, thanks to the gift of a sum of money from friends in Canada.

It happened in this field ambulance that most of the officers had been doing special work in civil life in Canada and the officer commanding tried as far as possible to take advantage of this in distribution of cases, as it is obvious that the best results would be so obtained. In this way, too, probably more interest of a purely medical nature was felt in the cases than otherwise would have resulted. This applied of course to work either in the main part of the ambulance during ordinary line work or the periods at the rest station.

Those of us who happened to be stretcher-bearer officers took turns at the advanced dressing station, during which time the work was transportation rather than medical. We always referred to this as the "soldiering" part of our career. The advanced station was no place for special work. It was usually situated in a farm building about a mile from the line and at varying distances from the main ambulance from about a mile to, in one case, about eight miles.

Ideas of field medical work in former wars have had naturally to be modified under the conditions of modern artillery fire. Military text books, in speaking of the choice of an advanced dressing station, lay down the axioms that the place should be away from main cross roads and not near guns, etc.

As far as eye, ear, nose and throat work is concerned, no special arrangements exist in an ambulance. The equipment of a special nature provided consists of a mirror, a lens and an ear syringe. These together with some private instruments and a few authorized to be bought specially, make up the armamentarium. An ingenious sergeant fitted up an examination lamp for me out of a few pieces of wood and a bicycle lamp which he conected with our portable carbide lighting plant. A dark room could generally be arranged in a cellar, or fundus cases could be examined at night.

During an action when wounded were being evacuated as fast as possible special dressings have to be applied. At Ypres we had an imperative tracheotomy case or two and a number of gunshot wounds of the face involving eyes, ears and nose. I do not consider that enucleations of the eye should be carried out in a field ambulance except under very exceptional circumstances.

In a short paper like this there is not time to go into a classification of the various wounds of organs of special sense, but there are several classes of cases whose importance and frequent occurence justify a few words. Nerve deafness due to the intensity of gun-fire is important, not only from its frequency, but also on account of the relation it will bear to the question of pensions after the war. The time has been too short to

work up a very satisfactory pathology of this condition, as a knowledge of the permanent results cannot yet be obtained. The most satisfactory hypothesis at present seems to be damage to the cochlear threads. It would appear desirable that as far as possible the gun squads be supplied with some form of ear defender. Many of the types which are upon the market have proved very useful in absorbing shock without at the same time interfering markedly with the perception of voice sounds. The preservation of hearing to the men at the front is of the greatest importance.

Wounds of the head occur frequently as in the case of men looking over the parapet or being hit with the fragments of shrapnel, etc. Any wound of the eye occurring under such circumstances is likely to be serious, whereas such an injury to other parts of the face may be relatively trifling. The steel helmets which the French infantry wear are said to have decreased the number of such wounds to a notable degree. The same is true of the British helmet now supplied to our men at the front. In a number of cases men were brought into the dressing station with almost total enucleations performed by fragments of shrapnel. The pulping damage done to the eye by a rifle bullet is of course great. Rifle bullet wounds in trench warfare appear to exhibit their great destructive power partially owing to the fact that the modern bullet in taking its spin from the rifle does not settle down to a smooth flight for about three hundred yards, and this is less than the average for distance between the trenches.

A type of case rather frequently met with is a concussion injury to the eye-ball caused by impact of a bullet or shell fragment near the bony walls of the orbit. Various degrees of this may be found in which the injury varies from a rather severe commotio retinæ such as is seen in civil life, to ruptures of the choroid and in one case which is called to mind, of fracture through the wall of the canal with optic atrophy following injury to the nerve.

During periods of the ordinary life of the line, and in the tent division of the ambulance, quite a large number of special cases appear for treatment. These are much the same as one might see in practice anywhere; cerumen, otitis media, furuncles, various nasal conditions, tonsilitis, laryngitis, foreign bodies in the eye, conjuctivitis and accidental injuries. Many of them demand quite simple treatment, which, if given early, will suffice to return a man to his duty. In some, especially in cases of malingering, a decision communicated to the regimental medical officer, is all that is required. Many men become anxious about a running ear or something of that sort, and if reassured will return cheerfully.

In conclusion it may be said that, although no provision has been made in the ambulance for officers doing special work, other than dentists, it has so happened that there has always been a specialist with one or other of the field units. Our cases for refraction we were able to send to an R. A. M. C. Stationary Hospital. No Casualty Clearing Station with which we were in communication had facilities for any special work.

South of France Relief Association

The following extract from letters recently received by the "South of France Relief Association" may be of interest, giving an insight into both branches of the work, i. e., for soldiers and for soldiers' children.

On October 26th, 1916, Mrs. Phillip Riddett, of Cannes, France, writes:

"Will you please forward enclosed to the Regent of the Paris (Ontario) branch I. O. D. E. to thank them with all my heart for the splendid children's boots.

"They are really of priceless value, for, now the rains have come and the little orphans have to tramp thrice a day to Villa Montmorency from Villa Sans Gene, and two other annexes for their meals, and the ragged boots have distracted us. The prices of shoe leather here are absolutely awful.

"Also, I am so thankful for boots and rubbers for special cases, for poor soldiers' families.

"So many special cases are now made happy by the S. F. R. A., both of poor soldiers returning to the front, and others to whom we send.

"My old milk woman, Mme. Vral, approached me shyly the other day to ask if her son, who is right on the Italian front, could have some socks; his regiment is in dire want and the cold awful. It was amusingly pathetic that she could not understand that we could *give* such treasures, and offered to pay for them in *cow manure* for the garden!

"I told her Canadian friends would give the socks, and I will make up a nice parcel for her boy.

"I am so hoping some warm underdrawers may turn up in the next shipment, for they, with long shirts and socks, are our greatest need just now; also (Oh, greedy creature that I am!) some more dressing gowns and flannel undervests.

"Those splendid S. F. R. A. cases are the greatest blessing; they first make my heart sing with joy and a chorus of gratitude follows from many quarters.

"Having supplies to hand, I am so often able to give timely help, as I have said, either to special cases in hospital or elsewhere.

(Signed) "AVISE RIDDETT."

Miss Gladys Wilson, from whose letter the following is extracted, has, since the beginning of the war, worked unceasingly with her sister for the sick, the wounded, and the poor of Antibes and Juan les Pins (about 5 miles from Cannes).

October 26th, 1916,
Villa Mon Loisir,
Chemin des Nielles,
Cap d'Antibes.

"Please convey my best thanks and gratitude to the members of the South of France Relief Association for their great kindness and prompt generosity in sending me the sum of 300 francs for the sick and poor of Antibes.

"My sister and I propose to put aside 100 francs of the money to provide milk and eggs and puddings and hot cocoa for the *very* poor soldiers' wives and their children round here during this winter.

"We have a little four-roomed cottage in the garden, empty, with a kitchen, and we should like to arrange it as a "baby welcome," where they could get one hot meal a day, and where, every Saturday, the mothers could bring their children and tub them, as we have several baths and could provide plenty of hot water and soap (such a luxury now-a-days!)

"In our road alone there are 12 very poor children, all so deserving, the eldest 11, the youngest five months. Three new babies in these families will have arrived by January. I should like to know what your members think of this home? The children are not actually ill, but delicate and underfed, and the winter will, I fear, try the poor little mites as they have not had good nourishing food all this summer.

"All your hundred francs will be used for the purchase of food *only*, as the work, cooking and firing will be undertaken by Gwen and myself. The money for the soldiers is such a boon!

"I am at once sending a parcel of good nourishing food to "Soldier Joseph Jamberti" (I enclose his address), also warm shirts Mrs. Riddett gave me for him. He caught a chill in the trenches last winter, and consumption set in, and after a year in hospital he has gone home to two rooms to die. He is a widower with two children and very poor.

"Owing to the generosity of the S. F. R. A., his remaining days will be happier and more comfortable. I will send him a hamper for Christmas (if he is alive!)

"Many, many grateful thanks for all this kind help.

(Signed) "GLADYS M. WALBEOFFE-WILSON."

On October 25th Miss Rothwell, one of the voluntary helpers recently sent to Cannes by the Association, writes:

Hospital Auxilliare 203,
Hotel Continental, Cannes.

"On 14th September 50 men arrived from Saloniki, mostly dysentery cases. Since then we have received 54 more, also from Saloniki, and then again 10 this week, so that our hospital is well filled. In Miss Buckley's ward, where I am, there are 33 beds. I have been given charge of 12 (3 rooms and a bath-room).

"I must tell you this ward is the model one of the hospital, and your Association would be gratified to see how Canadian presents have helped to make it so. Constantly I am told 'This came from Canada,' and 'Canadian money has helped here,' and I realize how much the South of France Relief Association has been doing here.

"Our wounded at present are greatly in the minority, more and more sick are being sent us. It is splendid to see how quickly many of them gain in weight and general appearance after a short stay in Cannes.

"When they arrive, many are very broken down; we have had three deaths within the month. It is surprising to see how much older than their years they look, especially those of about 21 who look years older.

"We all so greatly value Mrs. Riddett; as some one said, 'she lives entirely for others.' I hope in my next letter to tell you more about my men. I have 10 sick and two wounded.

(Signed) "F. E. ROTHWELL."

Ross Memorial Opened by H.R.H. Duke of Connaught

His Royal Highness the Duke of Connaught opened the Ross Memorial addition to the Royal Victoria Hospital at Montreal last October, with a golden key. A large number of guests were invited to the ceremony, which inaugurated the most modern hospital institution on the American continent. The entrance to the Memorial pavilion is on Pine Avenue, just above the main entrance to the Royal Victoria Hospital, and just inside the entrance doors is a bronze plaque, stating:

> "This pavilion was erected and equipped by John Kenneth Leveson Ross, in memory of his father, James Ross, and of his mother, Annie Kerr Ross."

Immediately inside the entrance doors is a large hall, built in Elizabethan style, with reception rooms and offices on either side, and elevator service at the rear. The pavilion is of five storeys and is built of Montreal limestone, with an interior construction of steel and concrete. The ground floor of the pavilion is a hundred feet above the main floor of the Victoria Hospital, and from the balconies on every floor magnificent views are obtainable over the city and across the River St. Lawrence.

The pavilion is connected with the administration block of the hospital by a long tunnel and a shaft which was blasted in the solid rock fifty feet below the ground floor. The interior of the pavilion in general is of hardwall plaster painted white. All the walls and partitions are doubled, and all the patients' rooms have double doors, thus ensuring absolute quiet.

The ground floor is taken up with the administration offices, waiting rooms, hydro-therapeutic department, X-ray department, kitchens, dining

rooms and store rooms. The walls of the kitchens and sculleries are all of white enamelled brick, and the latest plants have been installed for the preparing of food. This is sent up to the serving kitchens on each floor, where there are hot ovens and other appliances for ensuring proper service.

The second, third and fourth floors and part of the fifth floor are given up entirely to patients. There are beautifully furnished suites of rooms, consisting of bedroom, sitting room, bath room and a private balcony for each suite, while there are on each floor serving kitchens, utility rooms, public toilets, nurses' chart rooms, sunrooms, tea rooms and a large public balcony. Each patient's room has a flooring of special Jaspe linoleum laid on the finished concrete, and in each room there is a nurse's silent indicator, and a telephone.

Operating Department

The operating department is in the north wing of the fifth floor. The walls are lined with tavernelle marble, and the floors are of Tennessee marble, except the sterilizing room, where the walls are of Vermont marble. There are three operating rooms, nurses' work room, cystoscopic room, and a suite of rooms for the senior surgeons and another for the internes. There is a plaster room and a laboratory on each floor, and an electric clock service throughout the pavilion governed by a clock in the main office. The floors of all the corridors are lined with cork tile.

There is a special flower room on each floor, where flowers for patients can be arranged, while distilled drinking water is available on each floor, supplied from a special plant in the attic. An incinerator is provided in each utility room for burning the ward refuse, while there are sterilizers, refrigerators and every modern convenience provided.

All the woodwork is flush-panelled in quarter-cut white oak, and vacuum cleaners and standpipes for hose connections are provided on each floor.

Miss Hersey Is Matron

The pavilion will have a special staff of its own, with Miss Hersey as the matron. There is a special ambulance court at the rear of the pavilion, enabling patients to be brought direct to the second storey, while the grounds in the park at the rear have also been laid out for the benefit of the patients.

The accommodation provided is for 125 patients, and the provision of the pavilion will allow of the abolition of the private wards in the Royal Victoria Hospital, and the provision of more public wards.

The architects for the building were Stevens and Lee of Toronto, with Kenneth G. Rea, of Montreal, as associate architect, George Sellar being clerk of the works. The pavilion was erected by the Cape Construction Company, and makes an imposing addition to the splendid group of buildings constituting the Royal Victoria Hospital.

Editorial

"The Canadian Nurse" begins with this issue the new volume, and the first for us of our new venture. As each month goes on the nurses appear to be appreciating the fact that they have their own nursing journal, and to be more ready to help in any way possible. May this year bring to each nurse happiness, health and prosperity, and may the next New Year have with it the blessing of peace.

* * * *

At the Convention in Winnipeg, the subject of the returned nurses was brought up. Has any plan been formulated? What are we to do for those who have given of their best for the soldiers, and who come home tired and in many cases unfit for work for some time to come? Nurses are proverbially lacking in the saving of money instinct, and if we are not prepared to do something definite, much distress may occur.

* * * *

The subject of community nursing is one that is interesting people more and more, and the need of providing proper nursing care in their own homes for people of moderate means. People are looking to nurses to solve this problem, and will hold us strictly to account if we broadly state that if people need nursing, let them go to hospitals. To begin with, our hospital accommodations are inadequate, and in many cases it is impossible for the sick ones to leave home. This magazine is trying to get some articles on this subject, giving the result of several great efforts in places where this tremendous, many-sided problem is being, at least in some measure, solved.

* * * *

The Annual Convention of the C.A.N.S., and of the Superintendents of Training Schools in Canada, will soon be in session. Every nurse in Canada should be really interested in both these meetings. What plans are you making to be in Montreal for that week, the exact date not having been set? Those of you holding hospital positions should try to persuade your Hospital Board that the best investment for them is to pay your expenses to and from these conventions. Quite outside of the actual meetings, one learns so much from others present who are working over or have solved the very problems that worry you most. If each of our affiliated societies would carefully select a delegate, and send her, how much could be done in our Dominion! It is so hard for the few to go and work at conventions and during the year, preparing for them, and realize that only a handful, so to speak, of the nurses that

could come, really make an effort to be there. On a smaller scale, isn't that the cry of all associations, whether local or provincial? As a New Year resolve, may we all be less self-centred in our work, and feel the largeness of our problems and of our influence and power to solve them for the benefit of all nurses.

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SUBSCRIPTIONS, DEC. 1 TO DEC. 31, 1916.

Alberta, 5; British Columbia, 17; Manitoba, 10; New Brunswick, —; Nova Scotia, 2; Newfoundland —; Ontario, 79; Quebec, 21; Saskatchewan, 3; U. S. A., 3; Foreign, 1; Nursing Sister abroad, 2.

Miss MacNair is in charge of the Victoria Branch; Miss Norcross is her assistant. Miss Pedden is in charge of Burnaby, Miss Bufton of North Burnaby. Miss Boomer is Head Nurse of the Edmonton District and has associated with her Miss McLeod in charge of the Child Welfare work, and Miss Walker. Miss Ash has been appointed Head Nurse of the Calgary Branch. Miss Fitzsimmons is her assistant. Miss Eva Shanks has taken charge at Cereal, and Miss Pankhurst at Meota. Miss Skinner has been appointed Matron of the Lady Minto Hospital at Melfort, Sask. Miss I. Wilson is in charge of the Saskatoon District. Mrs. Stockton has succeeded Miss MacMann in Steveston, B. C.

The Enfield Committee are just finishing a very complete little Nursing Home at Central Butte, Sask. Miss Elizabeth Hall took charge of the Toronto Home, October 15th.

Miss Carter is Child Welfare nurse in Brantford, Ont. A V. O. N. nurse, under the Department of Indian Affairs, has been placed on the Indian Reserve at Rama, Ont., for the winter months, principally for preventive work. Miss Isabel Wallace has received the appointment and entered on her duties December 1st.

Very satisfactory Better Babies contests were held at Vancouver, Ottawa and Yarmouth under the auspices of the Victorian Order of Nurses.

Whitby, Ont., has a very complete and attractive little nursing home. The nurses there are Misses Derby and Shaw.

The Lachine, Quebec, District has two nurses now, Misses Aldrich and LeMieux.

The Montreal Committee have found it necessary to increase the accommodation for their nurses. A new hospital is being built at Edam, Sask., in affiliation with the Order, and plans are under way for the building of hospitals at Birtle, Manitoba and Chinook, Alberta.

* * * *

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

On Tuesday evening, December 5th, the monthly meeting of the Canadian Nurses' Association was held in the Club House, when Miss Fairley read a most interesting paper on "The Treatment of Contagious Diseases." A large number of nurses were present. The members are taking a wider interest in the affairs of the Association, and several have taken shares in the Club House.

On Tuesday, December 5th, the Canadian Nurses' Association was represented at the Quebec House by Miss Shaw, Lady Superintendent of the Jeffery Hale Hospital, Quebec, when the Local Council of Women and all affiliated Societies presented the following resolution to the Provincial Government:

"In view of the necessity of attaining greater military efficiency and of conserving foodstuffs, be it Resolved that this Society request the Provincial Government to empower the Lieutenant-Governor-in-Council to take immediate steps to restrict to the fullest possible extent, the sale of alcoholic beverages during the period of the war."

We are glad to have Miss E. Perchard back after her long illness.

Miss Dewar's many friends will be glad to know she is recovering, and hopes to spend Christmas at her home.

Miss M. Armstrong, we are sorry to hear, is ill, and she has our good wishes for a speedy recovery.

The Nurse's Library

Modern Methods in Nursing—By Georgina Saunders, formerly superintendent of nurses at the Massachusetts General Hospital, Boston. Second edition, thoroughly revised; 12 mo. of 900 pages, with 217 illustrations. Philadelphia and London: W. B. Saunders Co., 1916. Cloth, $2.50 each. Canadian agents, the J. F. Hartz Co., Toronto. This book is such an excellent one and one that no training school should be without, that one is glad to see the second edition come out, bringing it, as the author says, up to the last word in nursing technic.

Standard Surgical Dressings—Directions for making. By Nellie A. McKenzie, R. N. Second printing. Whitcomb and Barrows, publishers, Boston, 1916. Price, 30 cents net. A very practical book on a subject most interesting to Canadian nurses at all times, but especially now.

The Operating Room—By Amy Armour Smith, R. N.; formerly superintendent of New Rochelle Hospital, New York; superintendent of nurses at the S. R. Smith Infirmary, Staten Island, and at the Woman's Hospital of the State of New York. 12 mo of 295 pages, with 57 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, $1.50 net. This book supplies a long felt want in training schools, and the author's modesty in her excuse: "It is is only a pioneer, from a nurse to nurses, and not from a physician to nurses," is one of the strongest arguments in favor of the book. Who better than the superintendent of nurses, who has gone from probationer to head of an institution, knows that it is usually the things that "stick" that are taught by nurses to nurses. A very excellent addition to the training school text books.

Letters to The Editor

December 14th, 1916.

Dear Editor:

Will you pardon me asking a favour of you? I am anxious to take a course in administering anæsthetics, and I am told there are schools in New York and Chicago where they give such courses. Now, may I ask you if you know of any such school, and will you send me the address? It just occurred to me, as I am sending the renewal for my Journal, that it would be a splendid thing if there was a question page in the Journal. Not that I do not appreciate it as it is, for I enjoy very much every copy.

Thanking you in advance for information and valuable space, I am,

Yours sincerely,

A. SUBSCRIBER.

* * * *

Dear Editor:

The letter in the November issue of the "Canadian Nurse" signed "A Real Canadian," does not read like the letter of a loyal Canadian; loyal to her sister nurses of the Mother Country. I note she writes from Folkestone, while I wonder what kind of nurses she can have come in contact with. It would be interesting to learn in what particular the English standard of nursing differs from the American.

The discipline, I think, is stricter in English hospitals, but I do not think that makes the nurse any less capable of taking the initiative when occasion arises. I have always been struck with the similarity between the hospitals there and here, but they have all been built on the same foundation laid by Florence Nightingale, and it was a nurse from her training school at St. Thomas' Hospital, London, who came over to America and founded the first American training school at Bellevue, New York.

Canada is a big country—too big for its nurses to be afraid of an invasion of English nurses pushing them out of it.

Yours sincerely,

A. B.

DEEDS

Deeds are greater than words. Deeds have such a life, mute but undeniable, and grow, as living trees and fruit trees do; they people the vacuity of time and make it green and worthy.—Carlyle.

Hospitals and Nurses

NOVA SCOTIA

Mrs. Myrtle Horne (V. G. H. Halifax, 1916) has been accepted by the I. A. T. M. N. S., and leaves for overseas shortly.

Miss Emma Thompson (V. G. H., Halifax, 1916) has gone to her home in Middleton, previous to taking up private duty.

Miss Myrtle Hunt, who has been head nurse in one of the surgical wards of the V. G. H., Halifax, leaves on the 20th for a short holiday before going on duty at the Military Hospital.

Mrs. Mary Munro Hubbard, of Grand Falls, N. B., has accepted a position as head nurse in the V. G. H., Halifax.

Miss Bowling, graduate of the Western Hospital. Toronto, has resigned her position as superintendent of the Halifax Children's Hospital on account of ill health, and has returned to Toronto.

Miss Barford (Rhode Island Hospital) has accepted the position of superintendent of the Halifax Children's Hospital, and will begin her duties there shortly. Miss Fraser, a former superintendent, is taking charge in the meantime.

Miss McLaughlin, night superintendent at the Children's Hospital, has accepted a position at the Halifax Infirmary. Her place will be filled by Miss Tout, (Nova Scotia Hospital).

Miss Llwyd, of Halifax, has accepted a position on the staff of the Children's Hospital.

The nurses of the G. N. A. of N. S., will register at the Halifax Children's Hospital after December 26th, 1916.

The N. S. G. N. A. has affiliated with the Halifax Women's Council. The President, Mrs. Forrest, Mrs. Bowman, superintendent of the V. G. H., and Sister Graham, of the Military Hospitals, are their representatives on the Council.

The Committee of the V. O. N. in Halifax held an "at home" at the Council House in honor of the Marchioness of Aberdeen and Tenair, who was in Halifax for a few days.

Miss Sylvia Barrington spent Christmas with her mother, Lady Barrington, at Sydney Mines.

Many interesting meetings of the N. S. G. N. A. have been held lately and we are glad to note that the Association is in a flourishing condition notwithstanding the number of nurses overseas. So many nurses have joined the military hospital staff that it is difficult at times to obtain nurses for private duty.

Miss Tait, head nurse of the V. O. N. in Halifax, has been accepted for the I. A. I. M. N. S.

Mrs. McLarren (Miss Eva Holloway) recently Sister in the Military Hospital, received for the first time since her marriage at her home on Edward Street.

Mrs. Nickerson (Miss Davies) graduate of the Glace Bay Hospital, received this week at her home on Edward Street.

Six of the senior nurses from the Military Hospital leave shortly for overseas.

The "Nurses' Sick Benefit Fund" held a most successful concert recently.

After many years' faithful service as Registrar of the N.S.G.N.A., Miss Pemberton has resigned. Miss Pemberton always had the interests of the nurses at heart.

GRADUATE NURSES' ASSOCIATION OF NOVA SCOTIA

The eighth annual meeting of this Association was held October 5th, at Truro, N. S. The attendance from Halifax included Matron Pope, R. R. C., and Nursing Sisters Doyle, K. Graham, and Flora Fraser; Mrs. Bowman, Victoria General Hospital (supt. of nurses), Misses E. Pemberton and M. B. McKeil, of Restholm; Mrs. W. D. Forrest (President), Mrs. J. Corston, Miss F. Fraser, R. N., Mrs. W. Bligh, Miss Barrington, Miss Hastings and other members; also Nursing Sister Layton, from Aldershot Camp; Miss White, superintendent Highland V. Hosp., Amherst, Miss Kirkpatrick, Miss S. MacDonald, Truro.

By the kind offices of Miss Kirkpatrick, Provincial Vice-President, accommodation was procured at the Civic Buildings. Morning and afternoon sessions were held under the presidency of Mrs. W. D. Forrest. The morning session was devoted to business. The secretary reported 20 new members had applied for election, 5 of whom would be required to pass the provincial examination. Sixty-six members were engaged on home and overseas military duty.

The Registrar reported 344 calls for private nurses.

Resolutions were passed regarding provincial examinations, which had previously been held once a year in Halifax, should in the future be held simultaneously at the following centres: Halifax, Truro, Glace Bay, and Sydney, in November, March and July of each year. It was reported that Dr. George Murphy, of Halifax, had been elected to succeed Captain Kenneth MacKenzie (at present overseas) as representative of the N. S. Medical Society on the Provincial Board of Examiners.

With regard to the registry, it was resolved that more stringent rules should be enforced with reference to enrolment of nurses who were not already association members.

The following members were elected to act as representatives to the "Canadian Nurse" Committee: Contributor of news and items, Miss Frances Fraser, R. N., Women's Council House, Halifax; Solicitor of Subscriptions, Miss Flora Fraser, A. M. C. Station Hospital, Halifax; Solicitor of Advertising Matter, Mrs. W. Bligh, 20 Morris Street, Halifax.

The afternoon session was opened with an invocation pronounced by the Rev. Mr. Robinson, Rector of Truro, and an address of welcome from Mayor Shackford. Other speakers were, Rev. Mr. Starling, Dr. Dundas, Dr. MacKenzie and Mrs. Archibald, President of the Victorian Order Local Committee.

Very interesting papers were read on "Army Nursing" by Matron Pope, and "School Nursing" by Miss Norah Larkin. The meeting concluded with a vote of thanks to the retiring officers, and the election of new officers was announced as follows:

President, Mrs. W. D. Forrest, 257 Pleasant Street; Treasurer, Mrs. J. J. Doyle, Cogswell Street Military Hospital; Secretary, Mrs. William Bligh, 20 Morris Street; Local Vice-President, Miss Katherine Graham, Cogswell Street Military Hospital; Provincial Vice-Presidents: Miss Sheraton, Superintendent Aberdeen Hospital, New Glasgow; Miss Kirkpatrick, Superintendent Truro Hospital, Truro, N. S.; Miss Mary Watson, Supt. Yarmouth Hospital, Yarmouth, N. S.; Secretary-Treasurer Nurses' Sick Benefit Fund, Miss B. M. McKeil; Honorary Presidents: Miss G. Pope, R. R. C., Halifax; Senior Matron, Canadian Army Nursing Sisters, Miss Violet Kirk, Beverly, Mass.; Miss E. M. Pemberton, Restholm, Halifax, N. S.

The members of the Association were entertained by a delightful drive through the suburbs in cars provided by the Doctors of Truro.

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QUEBEC

Miss Elizabeth Hamilton (Class of 1912, R. V. H., Montreal) was married to Dr. Lennie, of Vancouver, in October.

Miss C. M. Campbell (Class of 1904, R. V. H.) has been appointed Superintendent of the Royal Alexandra Hospital, Edmonton, in place of Miss Gilmour, whose recent death cast a gloom over all R. V. H. circles.

Mrs. Eric Edmonds, formerly Miss Mary Edmonds (Class of 1911, R. V. H.) is spending the winter at Howard House Hotel, Eastbourne, England. It will be remembered that Miss Edmonds was on active service for a year or more previous to her marriage.

Miss Glendenning's (Class of 1914, R. V. H.) many friends at the R. V. H. and in Montreal were pleased to see her again last week, and very glad to find her looking rested since her return from the front nearly three months ago. Miss Glendenning expects to return to her work overseas in about a month.

Miss Jean Kidd (Class of 1915, R. V. H.) who has been ill at the Margate Rest Home for Canadian nurses, is now on light duty at Buxton, England. Miss N. King has been moved from Moore Barracks to Bramshott.

Misses Olive Ross, J. Mackenzie and M. Ogilvie, who went Overseas to join the Q. A. I. M. N. S., have arrived safely in London.

Miss Jessie Reid, who has been a valued member of our Alumnæ Association (R. V. H. Montreal) sailed on November 19th for England, where she will spend some time with friends, and later hopes to join the C. A. M. C.

Mrs. J. O. Hamilton, formerly Miss Sarah Chisholm, who was with the McGill Hospital in France for over a year, is spending the winter in the south of France with her mother-in-law and her husband, Dr. Hamilton. Dr. Hamilton, after the recent loss of his father, was operated on for appendicitis and was critically ill, but is now recovering.

Miss Dorothy Wilkes (Class of 1915, R. V. H., Montreal) who left a short time ago on overseas service, after having done military nursing in Valcartier and Montreal for some months, has arrived in England.

Miss Eleanor Moreshead and Miss Ellen Roberts (1915 R. V. H., Montreal) left Montreal for St. John on Christmas night, en route for nursing service in France.

Mrs. Cecil Ewart (B. H. Fairservice) and Mrs. Ernest Reynolds (Estella Craig) both graduates of the R. V. H., Montreal, spent a day in the city on their way to join their husbands for a short time in England, before the latter are ordered abroad.

Miss Emily Legge (Class of 1906, R. V. H., Montreal) has arrived in Montreal and assumed the position of Night Superintendent of the Ross Memorial Pavilion of the R. V. H.

Miss Mildred White's condition continues to improve, and her many friends will be deeply thankful to know that she is now able to be out of bed for a short time every day.

Miss Fanny Munroe (Class 1914, R. V. H., Montreal) left for St. John December 28th, to spend some time with her sister, Mrs. W. Simpson, in Danbury, Essex Co., England. Mrs. Hutson (Miss Saddington) sailed at the same time to join her husband.

Miss Gertrude Squire (1909 R. V. H., Montreal) sends interesting pictures and notes descriptive of life in Petrograd, Russia, where she is at present with the Anglo-Russian Hospital.

Miss Isobel Cameron (Class 1913, R. V. H.) who has been a patient in the R. V. H., Montreal, four months, is convalescing in the Laurentians.

The December meeting of the Alumnæ Association, R. V. H., Montreal, was exceedingly interesting. Dr. Archibald, who came home from the front about a month ago, gave an account of his work there. As he was for some time at a casualty clearing station, he was very close to the heart of things, and his work there and elsewhere has been often spoken of. He graphically traced the wounded soldier from the trenches to the base hospital and over to England, if the convalescence was likely to be long, and spoke highly of the work of the nurses on the other side. All were glad to welcome such an old friend of the Association as Major Archibald back again.

MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

Miss Marion Elliott (Class '13) who has undergone a serious operation, has made a splendid recovery, and will now spend some time recuperating in the Laurentian Mountains.

Miss A. Gillespie (Class 16) for some months assistant superintendant of Montreal Maternity, has now taken up private nursing in the city. She spent her holidays in Nova Scotia this year.

Miss V. Carter has been engaged on the staff in the S. O. R. of the M. G. H.

Miss C. V. Barrett (Class '15) Night Superintendent of Montreal Maternity, has returned to duty after some weeks' holidays.

Miss Z. Young, our late Assistant Lady Superintendent, who gave up her position to go overseas, has been attached to No. 1 General Hospital in France. On her way there she visited at No. 3 General Hospital (McGill) and was right royally received by many of our graduates who are serving there.

Miss Lillian Gordon (Class '15) who has been indisposed for some time, is now taking a much needed rest.

Miss Lillian Clark (Class '13) after organizing and superintending the Shawnigan Falls General Hospital for some months, has again returned to the city.

Nursing Sister J. E. Mann (Class '14) C. E. F. No. 3, General Hospital (McGill) has resigned and returned to Canada.

Nursing Sister E. L. Dickie (Class '10) C. E. F. No. 3, General Hospital (McGill) has resigned and returned to her home at River Charlo, N. B., where her mother is seriously ill. The graduates of our school extend their sympathy to Miss Dickie, hoping for her mother's speedy recovery.

The M. G. H. A. A. sent all of its members, out of the city, at home and abroad, special greeting cards for Christmas.

Miss E. Rollands, a recent graduate, has taken charge of the private wards at the Montreal Maternity.

At a meeting of M. G. H. A. A. it was decided, owing to the extra strain and work on the Doctors during the war, that they should not be asked to help out in the way of lectures etc., at the monthly meetings, so instead, after the business meeting each month, Red Cross work is taken up for an hour or so by the members under the convenership of Misses Colby and E. Brown.

Miss Carrie Todd has resigned her position at the Munitions Hospital, Verdun, and Miss Ruth Stericker (Class '13) has taken charge there.

We are pleased to note the special mention by the press of the work of Miss Daisy Fortesque at the front.

We are sorry to hear of the illness of Miss Marion Dewar, in charge of infirmary at Goodwin's Ltd. Miss S. Fraser is filling the vacancy for the present.

The following are the names of recent graduates of M. G. H., with medals and diplomas: Misses Affleck, Briggs, B. Clark, Daly, Mrs. Hanley, Lester, Munro, McArthur, McLeod, Motherwell, Purdy, Robinson, Stephens, Scarlet, Tait and Wales.

Miss G. Nichol has returned to the city, having spent most of the summer and autumn at St. Bruno, Que.

Miss Helen McMurrick, who left Toronto last Christmas Day with the ten nurses of the French Flag Nursing Corps, is enjoying her work in France, and we understand has been doing some organization work worthy of note. Miss McMurrick has always proved herself a very capable and successful worker in the profession, hence we watch her movements with interest and wish her every success in her undertakings.

Miss Firth, who was called to her home in Nova Scotia some time ago owing to family illness, has returned to the city again.

Miss Annie Harris (Class '15) has been taken on the staff of the Montreal Maternity as assistant night superintendent.

Dr. Harryette Stephens Evans (Osteop. Physician) (Class '12) has graduated from the American School of Osteopathy, Kirkwell, Missouri. This school is the largest in America, having from five to six hundred students and the faculty comprises some of the most noted men, for instance, Lane, the greatest pathologist. The course of training is three years, and we feel sure that Dr. Evans will give the greatest satisfaction in her work, and we wish her every success. Her offices are at 121 Bishop Street, Coronation Building.

Nursing Sisters P. Babbitt and N. Handcock, of No. 3 General Hospital (McGill) in France, have been on two weeks leave to England. They spent some days with their classmate, Mrs. (Dr.) Robson (nee Miss Flora Dalgleish) at the beautiful coast city of Margate. Miss Babbitt writes: "Our first night there was quite exciting. Just before midnight I was awakened by hearing big guns. My bedroom looked out over the sea, and standing at my window I watched the searchlights and saw the flash of the guns as the battle between our ships and the German destroyers took place. Of course we did not know what was occurring until it came out in the papers next day, September 27th, that the German destroyers in some unknown manner appeared in the Channel and sank the Queen, a transport boat in which we crossed last December, 1915."

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ONTARIO

Official announcement was made in Brantford recently that the Royal Red Cross of the first class has been awarded Matron A. J. Hartley of this city, now in the 4th Canadian General Hospital at Saloniki.

A most pleasant occasion was the recent graduation of seven pupils from the Stratford Hospital. Miss Annie M. Ferguson, Walkerton; Miss Isabella Wallace, Avonton; Miss Helen Abel, Fergus; Miss Martha

M. Stock, Tavistock; Miss Vera G. Santrum, Fordville; Miss Rebecca L. Martin, Lucan; Miss Clarice McCrea, are the new graduates. Miss Abel has left for overseas service.

Through the death of Miss McCreadie last month at Gravenhurst, the Alumnæ Association of the Toronto General Hospital has lost an honored member. Those who knew her will find her place in Friendships list hard to fill, and the Training School has lost a graduate who brought her Alma Mater the highest honors for fidelity and faithfulness in her profession.

Hamilton

The annual meeting of the Hamilton City Hospital Alumnae Association was held at the Nurses' Residence, Tuesday, November 7th, at 3.30 p. m. The following officers were elected for the ensuing year: President, Mrs. Newson, 87 Pearl Street north; Vice-President, Miss McColl, 23 Ontario Avenue; Secretary, Miss Sabine, 113 Sanford Avenue south; Treasurer, Miss Sadler, 100 Grant Avenue; Corresponding Secretary, Miss Lowe, 336 Cannon Street east; Committee: Misses B. Aitken, Pegg, Binkley, Kennedy, Buckbee.

Misses A. C. Doyle and I. A. Morden, who have been on the staff of the Hamilton Military Hospital for the past year, have received appointments overseas and left the base hospital, Toronto, December 25th for the East.

Miss Simmons has been appointed to the staff of the Hamilton Military Hospital.

Mrs. Reynolds (H. C. H.) has opened a private hospital at 18 Grant Avenue. Mrs. Reynolds is well known in Hamilton and her experience in private nursing, her splendid executive ability and charming personality will ensure her success in her new work. We wish Mrs. Reynolds every success.

Kingston

The annual meeting of the Kingston Chapter of the G. N. A. O. was held Tuesday afternoon, December 4th, at the Nurses' Home. There were about twenty nurses present. The Chairman, Miss Milton, presided.

The Chapter regret very much that Miss Milton and Miss F. Hiccock, because of work which will prevent regular attendance, have resigned from office. New officers were appointed for the coming year as follows: Chairman, Nursing Sister Susie Wright; Assistant Chairman, Mrs. S. Crawford; Secretary-Treasurer, Miss Fairlie; Assistant Secretary-Treasurer, Miss Eva Valgleish; Recording Secretary, Miss Pearl Martin.

Miss Milton gave a few remarks, telling clearly what the Chapter stands for, and the good that may result from the united work of the nurses.

Miss Fairlie read a paper dealing with a subject of considerable interest to the nursing profession, and which was before the executive of the National Council of Women at their meeting held recently in the city.

Mr. W. F. Nickle, M. P., gave a very interesting account of his recent trip overseas, dealing mostly with the care and transportation of wounded men; how rapidly they are passed on by stretcher bearers and ambulance to ambulance trains and hospital ships in the different hospitals and convalescent homes in France and England.

He also showed some interesting souvenirs. His address was much appreciated. Tea was served, after which the meeting was adjourned.

TORONTO

The December meeting of the Toronto General Hospital Alumnæ was held in the Medical Lecture Room of the Hospital on Wednesday evening, December 6th. Colonel Primrose, who was on the staff of No. 4 Canadian General Hospital (Toronto University) from the time the unit left Toronto up till last September, gave a very interesting talk on the life of the unit at Saloniki. He was particularly kind in telling us of our nursing sisters, the entire staff being composed of graduates of Toronto hospitals with the small exception of four outside graduates. At the conclusion of the address, Colonel Primrose showed some 130 lantern slides of the hospital, first as it was under canvas and now in its splendidly equipped wooden huts built specially for "No. 4" by the British Government. Representatives from all the Alumnæ associations in Toronto were present, as well as outside graduates on special duty in the hospital. All present voiced their appreciation of the evening's entertainment. Any little bit of news about our nurses overseas is of vital interest to the "stay-at-homes"!

The Executive of the Alumnæ Association of the Toronto General Hospital, realizing their share of the responsibility in the "Canadian Nurse," sent to each member in November a letter from Miss Gunn, Superintendent of the Training School for Nurses, explaining the position of the magazine and asking for further support than our annual instalment towards the purchase price. We have felt very keenly for the new Editor and her assistants in the Far West, and knew that "mere words" were not sufficient encouragement to enable her to make our one nursing journal in Canada "worth while"! It is with real gratitude that we thank all members who have responded to our appeal, 65 new members and 11 renewals, with the promise of more, and we feel sure that if they only realized what this tangible support for and interest in the magazine meant to Miss Randal, they would be quite satisfied with their donation towards the Toronto General Hospital Christmas Box to the "Canadian Nurse."

But in conclusion—now that we have set the ball rolling in the East, at least we think we are first—is it not possible for us to hear from all the other nursing organization in the Eastern Provinces as to what they are doing for our magazine?

N. H. AUBIN,
President.

Mrs. M. A. Reid Moore, Class of 1902; Miss Catherine C. McGibbon, Class of 1908; Miss Ruth E. Dawn, Class of 1909; and Miss Florence E. Jones, Class of 1913; all graduates of the Toronto General Hospital, left for England the 23rd November, having joined the Queen Alexandra's Imperial Nursing Service.

The annual meeting of the Public Health Association of Toronto was held at the City Hall on Monday, October 2nd. The following officers were elected for 1916-1917: President, Miss F. Emory; Vice-President, Miss L. Conlin; Recording Secretary, Miss H. Pennock; Corresponding Secretary, Miss M. Stirrett; Treasurer, Miss K. Royce; Press Representative, Miss B. Chillas; Directors: Misses D. Hally, D. Robinson.

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ALBERTA

Miss Mona Thompson (Illinois Training School) has left for overseas service.

The Quarterly Business Meeting of the C. A. G. N. was held in the Public Library, Calgary, on Thursday, December 14, 1916. It is a matter of much gratification that there is a spirit of good will and fellowship among our members and also that the interest of each one has much increased. Our Association meets every week for Red Cross work, and once a fortnight to knit socks for the soldiers. It owes much to the work so willingly rendered by Miss Grace Wilson, our honorary treasurer. Miss Gunn, an old member, is leaving with the next draft for overseas service.

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BRITISH COLUMBIA

The Royal Red Cross has been bestowed on Miss Fredrica Wilson, Matron of No. 5 General Hospital stationed at Saloniki. Among the nursing sisters from British Columbia stationed there, and receiving special mention, are Miss M. E. Morrison and Miss G. McCullough.

Miss Hazel B. Macdonald, daughter of Councillor Angus and Mrs. Macdonald of Oxford Street and Esmond Avenue, Vancouver Heights, has enlisted in Queen Alexandra's Imperial Military Nursing Sisters, and has left for England. She will stop at Toronto to visit her brother, Driver L. A. Macdonald, of the Mechanical Transport Corps, at Borden Camp, before he leaves for overseas. Miss Macdonald was one of the head nurses at the Vancouver General Hospital prior to her enlistment with a number of Canadian nurses who have volunteered to relieve the tired and nerve-worn sisters who have been on duty at the military hospitals since the beginning of the war. The party, which will sail from St. John's, N. B., on December 8, on the S.S. Missanabie, comprises ten nurses from British Columbia and others from Eastern Canada.

Miss Youdall, who, as noted in a previous issue. recently resigned her position as Lady Superintendent of the Vernon Jubilee Hospital to

take service as an overseas military nurse, has left for the front, and takes with her the good wishes of many friends in this city and district. Her successor at the hospital is Miss Waddington, who has for some time filled the position of head nurse in that institution.

Six more trained nurses from British Columbia left December 13th for overseas service. They are: Miss A. E. Hurst and Miss J. Middleton, of Victoria; Miss L. M. Wilson, of Vancouver, and Miss E. Spink, whose home is in Victoria, but who now is at Phœnix; Miss J. MacKay of this city, who now is at Kelowna, and Miss C. Thompson, who is of Vancouver, and has been engaged as a professional recently at Kelowna. The three former have been on duty at the military hospital, Work Point, and will start from the coast, while the others will board the train at the respective centres in which they find themselves at the time of receiving orders. All are going as attached to the Army Medical Corps of the C. E. F. They will report first at Montreal, where is being mustered a considerable force of Canadian trained nurses. In volunteering they have undertaken to accept service wherever vacancies may occur. Some, doubtless, will go into base hospitals and to other institutions for the care of the wounded and the ill of the C. E. F. in the various theatres of war. The positions vacated by the nurses who are leaving the Work Point hospital are to be taken by Miss M. King, a graduate of the Jubilee Hospital; Miss A. McLeish, of Vancouver, and another who has not yet received her official appointment.

Hon. William Sloan, Minister of Mines, and Miss Catherine Fiske McDougall, graduate V. G. H., daughter of Mr. and Mrs. McDougall, 1149 Beach Avenue, were married at 9 o'clock December 11th, in the First Baptist Church, the ceremony being performed by the bride's uncle, Rev. A. A. McLeod. The marriage was quietly celebrated, only a small party of relatives being present. The bride, who wore her travelling costume, was unattended. Mr. and Mrs. Sloan left for the south on a short honeymoon trip, after which they will take up their residence in Victoria.

So severely burned was Nurse Pearl Parker at a Christmas tree entertainment at the St. Eugene Hospital, Cranbrook, B. C., when she was about to act as Santa Claus, that she died a few hours later. Dressed as a Santa Claus, with a mask having a profusion of cotton batting whiskers, Miss Parker's clothing became ignited as she reached into the tree for presents.

One of the recent inaugurations and steps in advance in connection with the Training School for Nurses of the Vancouver General Hospital, was the formation of an Educational Committee. This Committee deals with matters of an educational nature concerning the Hospital.

The Committee is paying much attention to the training school. Dr. R. E. McKechnie is Chairman, and under his direction there is no doubt that good work will be done in developing the training school in connection with the Hospital.

One of the first things the Committee undertook was the adoption of a new curriculum of studies for the nurses. This is now published and

reflects much credit on the Superintendent of Nurses and the Educational Committee.

It was decided to open the teaching year on November 1st, and on the evening previous to have an opening address by some prominent speaker. Mr. Burns, Principal of the Normal College, Vancouver, kindly consented and delivered a most interesting address to over two hundred nurses assembled in the University Auditorium. Thirty-two probationers, who had just arrived, were present at this address and received valuable thoughts to carry into their work with them. After the meeting the audience retired to the Nurses' Home, where refreshments were served. The following day regular lectures, classes and demonstrations commenced and will continue throughout the year.

Christmas at the Vancouver General Hospital has been made happy by the spirit of good will and fellowship with which every one has tried to bring cheer to those who are shut in. Each patient received some little remembrance. This was made possible through the generosity of Mrs. B. T. Rogers, the Woman's Auxiliary and the the different churches and business firms in the city.

Santa Claus, with reindeer and bells, delighted the little folks of Ward "U," after which he visited the Isolation Wards, leaving kindly remembrances for all.

An impromptu band, consisting of house doctors with curious musical instruments, visited all the wards, bringing mirth and good cheer to the patients. In the afternoon the carol singers from the different churches sang in all the wards.

The week following Christmas has been spent in a round of merry-making, classes having been suspended. On Thursday, the Intermediate Class had a dance in the new Home. The same night the Seniors had a theatre party. Saturday night the Junior Class had a masquerade ball in the old Home. On January 2nd, regular work begins again. Our forces have been reinforced by four nurses from Edmonton and one from Johns Hopkins, who will post graduate in surgery.

During the recent trip east of Mrs. J. D. Brown (Miss Gertrude Barnard) to Rochester, N. Y., she was the recipient of special privileges extended to her by the Surgeons' Club.

Mr. and Mrs. George Kier, of Somenos, Vancouver Island, announce the engagement of their third daughter, Gertrude Bernice, to Lieut. Harry A. Black of the 47th Battalion C. E. F., who is home on leave. Miss Kier, who is a graduate of St. Paul's Hospital, left this week for Montreal en route for England, having received her appointment as nursing sister in the Canadian Army Medical Corps.

Miss Bertha H. Bennett, 582 Nineteenth Avenue west, who enlisted as a nursing sister early in the war, has been appointed for overseas service and will leave the city on Monday next. Nurse Bennett is a sister of Capt. (Dr.) A. E. H. Bennett, who went overseas with the First Canadian Contingent in 1914 and, after serving with various Canadian hospitals, is now with a field hospital in the first line in France.

The following letter sent to one of her friends in Victoria, was written by Matron Frederica Wilson, No. 5 General Hospital, Canadian, from Saloniki. Matron Wilson has been awarded the Royal Red Cross of the First Class. Her letter, written under date of November 27th, in part, follows:

"We have heard so many wild stories about the Canadian hospitals being withdrawn from this district that we hardly expected to spend Christmas here. However, it would be hard to find a more beautiful climate to spend it in than the one we are enjoying at present. The weather has been beautiful, mild and warm and sunny, and the sunsets are gorgeous. We get about in our uniforms all day and do not require any extra wraps. It is hard to believe that it is November 27th. Since last Spring we have been steadily busy, in fact we increased our hospital capacity from 1040 to 1700 from May to September, and at the same time moved into our new huts as they were finished. Since coming here our hospital has treated 18,000 patients. At present we are not at all busy, and have four sisters off duty at one time. We have loved the rest because we were so busy during the hot weather and were all more or less tired, but on the whole the unit has been very well and we have been more fortunate than any other unit out here, for we have had no casualties and very few seriously ill at any time."

In the New Year's honor list of overseas nurses appears the name of Matron F. Wilson as receiving the Royal Red Cross of the first class, the highest military honor in the gift of the Empire for women. The recipient of the honor is Matron Frederica Wilson, of Vancouver, who went overseas with the British Columbia Hospital unit and is now Matron of No. 5 General Hospital at Saloniki. Matron Wilson's name is mentioned in despatches on December 8, 1916. Miss Wilson left for the front in August, 1915. She was for some years superintendent of the Winnipeg General Hospital.

Births

At Montreal, to Mr. and Mrs. C. Nelson, a son. Mrs. Nelson was Miss Helen Tough, of Class '05, M. G. H.

Marriages

In Toronto, in November, 1916, Miss Ethel Luckwell, Class of 1909, Toronto General Hospital, to Mr. Frederick McNab, of Toronto.

On December 29th, 1915, at Minitonas, Manitoba, Miss Annie A. Knox, graduate of Medicine Hat General Hospital, Class 1911, to David C. Hannah, Minitonas, Manitoba.

On September 1st, 1916, at Amulet, Sask., Miss Betty Anderson was married to Mr. Frank W. Lamb, of Westmount, Que. They reside at 840 Grosvenor Avenue, Montreal. Mrs. Lamb is a graduate of Montreal General Hospital.

The marriage of Miss Jean Paterson and Ross L. Osborne took place at Victoria, B. C., December 6th, 1916. Miss Paterson is a graduate of St. Joseph's Hospital, Victoria, B. C., Class 1913. Mr. and Mrs. Osborne will reside in Portland, Oregon.

In St. Peter's Church, Toronto, October 28th, Miss Bertha Isabel Atkinson (Lady Stanley Institute, Ottawa, 1903) to Mr. John C. McLellan. She will reside in Port Whitby.

Blythe-Filmore-Wyatt. On December 29th, at Vancouver, B. C., Miss Isabel Beveridge Blythe, graduate Vancouver General Hospital, in charge of the Isolation Ward, V. G. H., to Pte. Fred Filmore-Wyatt, of "A" Company, 231st O. S. Battalion, Seaforth Highlanders.

The marriage took place at Phœnix, B. C., on December 4th, 1916, of Miss Jewel Sigsworth (V. G. H., 1914) to Dr. Lee Smith, of Phœnix, B. C.

At St. Saviour's Church, Vancouver, B. C., on December 23rd, 1916, Miss A. I. Powell (V. G. H., 1915) to Mr. W. Barrows, of Powell River, B. C.

At the First Baptist Church, Vancouver, B. C., December 5th, 1916, Miss Katherine McDougall (V. G. H., 1912) to Hon. Wm. Sloan, of Nanaimo, B. C.

At Griswold, Manitoba, on December 16th, 1916, Miss Annie E. Michie (V. G. H., 1913) to Mr. D. John Hibbs, of Huntley, Alta.

Deaths

McCreadie—At Gravenhurst, Ontario, on Tuesday, December 12th, 1916, Margaret McCreadie, Class of 1906, Toronto General Hospital.

In Toronto, 7th November, 1916, at her late residence, 71 Castlefield Avenue, May Johnston, beloved wife of Robert D. Greenham, in her 32nd year. Mrs. Greenham was a member of the Class of 1909, Toronto General Hospital.

Hospital Wing Opened by Duchess of Connaught

The Duke and Duchess of Connaught journeyed to Chatham, Eng., Nov. 23rd for the opening of the new wing in the naval hospital given by the women of Canada. Sir Arthur May, director-general of the admiralty, explained that the women of Canada, through the Duchess of Connaught, offered a hospital ship, sending ten thousand pounds for the purpose. The Admiralty, he stated, considered that a more practicable use for the money would be provision of a hundred more beds at Haslar Hospital. Since then this special Canadian fund has grown to forty thousand pounds, which had thus resulted in the present wing at the Chatham navy hospital.

Sir Arthur paid a tribute to Canadian women's work in the war, while, he added, "we in England are also simply amazed at what her men have done."

The Duke of Connaught, following the Duchess' formal opening of the new wing, said, however splendidly the men of Canada had done, the women had done equally as well. During his gubernatorial term there they had responded with eagerness to every call. In this case they had not waited to be called upon.

The Canadian coat of arms is outside the new wing, with an inscription stating that the wing is the gift "in loyalty to our King and Empire and undying gratitude toward the brave men fighting for the vindication of our honor among nations."

WHICH ARE YOU?

There are two kinds of people on earth to-day,
Just two kinds of people; no more, I say.
Not the sinner and saint, for 'tis well understood
The good are half bad, and the bad are half good.
Not the rich and the poor, for to count a man's wealth,
You must first know the state of his conscience and health.
Nor the humble and proud, for in life's little span,
Who puts on vain airs is not counted a man.
Not the happy and sad for the swift flying years
Bring each man his laughter and each man his tears.
No; the two kinds of people on earth I mean
Are the people who lift, and the people who lean.
Wherever you go, you will find the world's masses
Are always divided in just these two classes.
And oddly enough, you will find, too, I wean,
There is only one lifter to twenty who lean.
In which class are you? Are you easing the load
Of over-taxed lifters who toil down the road?
Or are you a leaner, who lets others bear
Your portion of labor and worry and care?

—*Una Nursing Journal.*

Are Not Military

According to an order made by the Dominion Hospitals Commission at Ottawa, nurses in convalescent homes are not accorded military rank, but must carry on their duties as civilians. They cannot wear rank badges of any kind, as the military regulations in such cases may forbid it. The reason advanced is that the convalescent homes are designed principally to return men to civilian life. Therefore, every effort is made to put the convalescent homes as much as possible on a civilian basis.

Nurse Tupper Buried

The funeral was held in London recently of Sister Aldruenna Tupper, the Nova Scotia Red Cross nurse, who died of pneumonia. Military honors were accorded and the coffin was carried by six officers from Hillingdon House, Uxbridge—Captains Murphy, Swift, Wiswell, Morton and Lazier and Lieut. McKinnon. A number of Miss Tupper's former patients sent magnificent floral tributes.

Nurse Tupper died just four days after she had been decorated at Buckingham Palace with the Royal Red Cross, when she was also received by Queen Alexandra at Marlborough House. She came to England with the early contingents of Canadian forces, and was first stationed at Salisbury Plain, after which she served in France for over a year.

Confirmation has just been received in Paris of the murder of a French woman, Mme. Moresse, by the Germans in Brussels. The crime was perpetrated under similar circumstances to those attending the killing of Edith Cavell, and at about the same epoch, her execution having taken place on February 29 last.

This victim of German barbarity was the wife of a Brussels journalist, and, according to a letter received from Holland by her relatives, who live near Paris, her ardent patriotism—she was a nurse, like Miss Cavell, in a military hospital—had earned for her the cruel spite of the invaders.

Charges were trumped up against her to give von Bissing a long-sought pretext to bring her to judgment, and execution. She met her end heroically. She leaves a daughter, who is still in Brussels.

The father of Mme. Moresse says the news overwhelms but does not surprise him. His daughter was of frank, outspoken character, and he imagines that, revolted by some act of German brutality, she spoke her mind too freely.

The value of a baby's eyes was fixed at $25,000 by Judge Frank J. Murasky, who gave judgment for that amount to the parents of Mary Rubio, one year old, against a graduate midwife. It was alleged that the midwife failed to care for the baby's eyes properly at birth and now the eyes are sightless. "A pair of baby's eyes are priceless," said the Judge.. "No amount of money that this or any court could give, no matter how large the amount, would compensate for the loss of this baby's sight."—*National Committee for the Prevention of Blindness.*

A MAN'S HEART

A man's heart is an office desk, wherein tender episodes are pigeonholed for future reference. If he is too busy to look them over, they are carried off later in "Father Time's" junk wagon like other and more profane history.—*All That's Lovely.*

A TALL ORDER

The matron of a certain hospital in France, for some reason of her own, thought that the "Tommies" under her care should not visit a neighboring village. Passes were allowed, but they were few and far between. One day a "Tommy" applied for a pass, and the matron asked him why he wanted to go to the village. "I want to get something from a shop there," he said. "Well, as I am going to the village myself, I may as well get it for you," was her reply. "Well, bring me a hair-cut and a shave!" replied the man.

I submit that duty is a power which rises with us in the morning and goes to bed with us at night. It is co-extensive with the action of our intelligence.—Gladstone.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO

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Board of Directors—Misses Wilson, Millan, Nash, Wilson, Didsbury, M. A. MacKenzie, Dyke, Kinder and J. Ferguson.

Representatives to Central Registry Committee—Misses Wardell and Didsbury.

"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne St.

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO

President—Miss A. MacDougal; Vice-President, Miss McVicar; Secretary-Treasurer, Miss L. Whiting.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; Programme, Miss Mary Mitchell, 77 Grey St.

Programme Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High St.

Regular Meeting—First Tuesday, 8 p. m., at Victoria Hospital.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

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Representatives on Central Registry Committee—Misses Wice and Cooney.

"The Canadian Nurse" Representative—Miss Chisholm, 30 Brunswick Ave.

Regular Meeting—First Friday, 3 p. m.

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Convener of Committees—Programme: Mrs. Percy McCullough, (nee Allen).

Press and Publication—Miss Agnes Kennedy.

Representatives on the Central Registry—Miss M. Samson, Miss S. Brick.

Alumnae meets at the Hospital First Wednesday of every alternate month.

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Representatives on Central Registry Committee—Miss J. B. O'Connor, Miss A. Cahill.

Secretary-Treasurer Sick Benefit Association—Miss J. O'Connor, 853 Bathurst St.

Representative "The Canadian Nurse"—Miss M. I. Foy, 163 Concord Ave.

Regular Meeting—Second Monday every two months.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO

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Regular Meeting—First Tuesday, 3 p.m.
The Canadian Nurse Representative—Miss D. E. Street, 137 Catherine St. North.
Committee—Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson.

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Representative to "The Canadian Nurse"—Miss Elsie Henderson.
Representative on Central Registry Committee—Misses Irvine and Hammill.
Regular Meeting—Second Tuesday, 3 p.m.

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Conveners of Committees—Sick Visiting, Miss Honey; Programme, Miss E. Scott.
Representatives on Central Registry Committee—Misses Piggott and Rork.
Representative "The Canadian Nurse"—Miss J. G. McNeill.
Regular Meeting—First Thursday, 8 p. m.

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Regular Monthly Meetng—Second Thursday at 3 p. m.

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Representative to "The Canadian Nurse"—Miss M. Doherty.
Regular Meeting—First Monday, 4 p. m.

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Programme Convener—Miss A. E. Wells, 27 Balmuto Street.

Press Representative—Miss C. I. Bobbette, Toronto Free Hospital.

Regular Meeting—Second Friday, every second month.

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